

Tsunami versus HIV/AIDS: Perception Dictates Response

In 2004, the same year as the Indian Ocean tsunami, an estimated 5 million people were newly infected with HIV, the equivalent of 25 tsunami events. If this had actually happened, HIV/AIDS striking with the fury and suddenness of a tsunami, chances are that our perception of the gravity of the problem would have been greatly altered.

By Joseph Roberts*

On 26 December 2004, a magnitude 9.0 earthquake struck off the coast of Indonesia, generating a widespread tsunami. The resulting waves, some up to 15 meters high, reached the heavily populated shores of Indonesia, Thailand, Sri Lanka, India and the east coast of Africa, leaving a path of death and destruction in their wake. The final death toll may never be known, but it is likely that at least

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200,000 people lost their lives on that fateful day, with some estimates running as high as 280,000. Along with lives lost, the tsunami destroyed countless livelihoods and made millions of people homeless. Soon after the event, in an interview with CNN, United Nations Emergency Relief coordinator Jan Egeland summarized the situation: “This may be the worst natural disaster in recent history because it is affecting so many heavily populated coastal areas... so many vulnerable communities”.

The magnitude of the devastation prompted a rapid and massive global response. Politicians toured devastated areas by helicopter. States of emergency were declared. United Nations emergency response teams and humanitarian relief agencies went into crisis mode. International organizations and Governments made pledges to donate millions of dollars of aid to help the victims. Representatives of the mainstream media rushed to disaster sites. Soon videos of tsunami waves striking beach resorts were shown on television along with haunting pictures of the dead.

During the same year that the Indian Ocean earthquake and tsunami made headlines, another type of “tsunami” was killing, not 200,000 people per year, but millions of people per year. The epicenter of this “biological tsunami” was in Africa. The initial “earthquake” took place in the early 1980s. Its destructive “waves” spread out slowly in all directions, taking nearly two decades before reaching the “shores” of virtually every country. Because it moved so slowly – largely hidden from view – there were no exciting pictures of it to show on the daily news. The mainstream mass media never rushed in to cover “the story”. And politicians were largely silent about the problem. What are we talking about here? The HIV/AIDS tsunami.

Since its beginning, 65 million plus people have been infected with HIV. Given that there is no cure, this number translates into the equivalent of 325 Indian Ocean-like tsunami events (assuming 200,000 tsunami deaths). In 2004, the same year as the Indian Ocean tsunami, an estimated 5 million people were newly infected with HIV, the equivalent of 25 tsunami events. If this had actually happened, HIV/AIDS striking with the fury and suddenness of a tsunami, wreaking havoc and unspeakable suffering 25 times in a row, killing about 5 million people (the number of people infected with HIV in 2004), chances are that our perception of the gravity of the problem would have been greatly altered.

How would the international community have reacted to such a series of disasters? Would the world, mass media and politicians have reacted? Would the global perception of the HIV/AIDS problem have changed? Of course it would have.

The HIV/AIDS problem would have become the world's number one problem requiring a massive response. But that is what "would have been." The actual response to the HIV/AIDS pandemic has never come close to the response to the 2004 tsunami.

The global response to the localized Indian Ocean tsunami tragedy was appropriate. My point is that the global response to the generalized HIV/AIDS tragedy needs to be equally appropriate. This is particularly true given that, in contrast to the Indian Ocean tsunami, the HIV/AIDS tragedy is totally preventable. In other words, we have "room to maneuver" and can actually do something to prevent it. Unfortunately, HIV/AIDS is still not being treated as a global disaster in need of a crisis-oriented response. One obvious reason is that the pandemic is influenced by cultural taboos related to sex that make it difficult to address. A less obvious reason is that slow-moving inconspicuous problems like global warming, acid rain, species loss, poverty and HIV/AIDS tend to capture less public attention than fast-moving obtrusive events like volcanic eruptions, famines, wars, acts of terrorism and tsunamis.

In a speech given at the London School of Economics on 8 February 2005, UNAIDS Executive Director, Dr. Peter Piot, described the HIV/AIDS pandemic as exceptional: "This pandemic is exceptional because there is no plateau in sight, exceptional because of the severity and longevity of its impact, and exceptional because of the special challenges it poses to effective public action". Without question the Asian tsunami was a tragic disaster requiring a massive response. But the HIV/AIDS disaster has been and continues to be far more destructive in terms of its impact on human lives. In terms of human casualties (65 million plus and still counting), we have seen nothing like it in the history of the human species. To quote Dr. Piot again:

This is an unprecedented crisis, in scale and nature, and we have no choice but to act in exceptional ways. This is also a crisis that will continue for some generations. So our basic choice is...whether we act exceptionally right now or later, when many more millions have died.

The HIV/AIDS pandemic is clearly an exceptional global disaster. Because of this, it demands no less than an exceptional tsunami-like response. And that response should begin now.

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